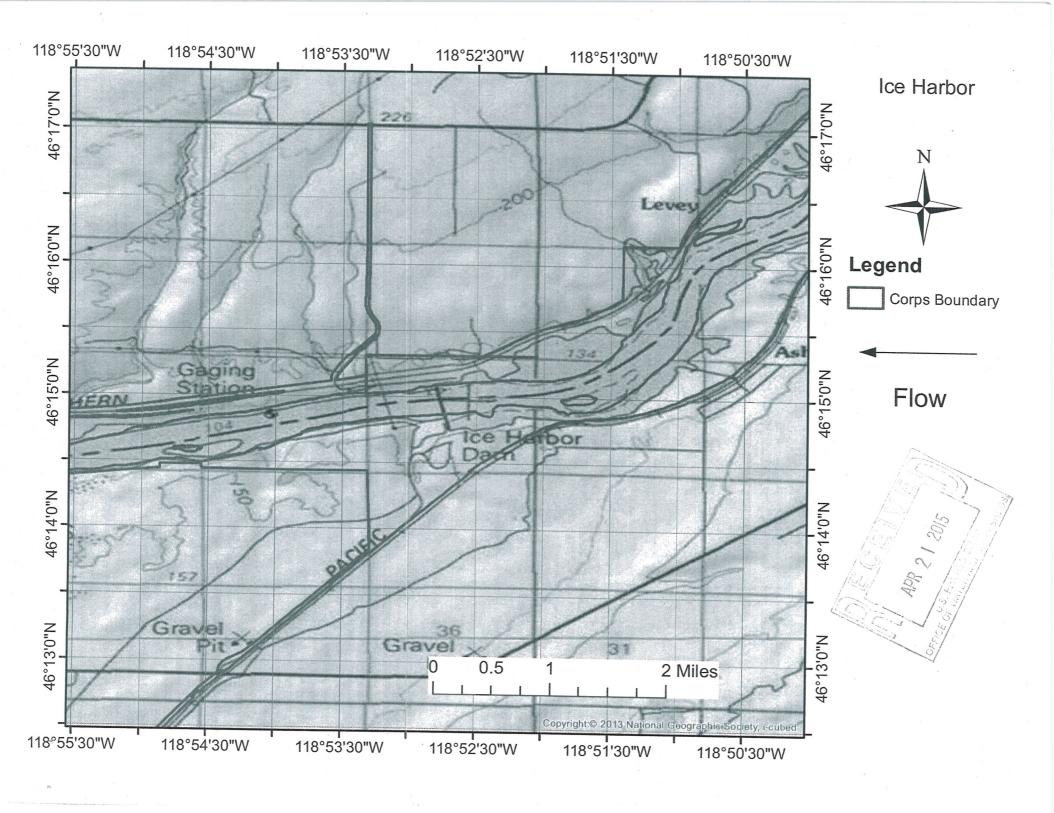
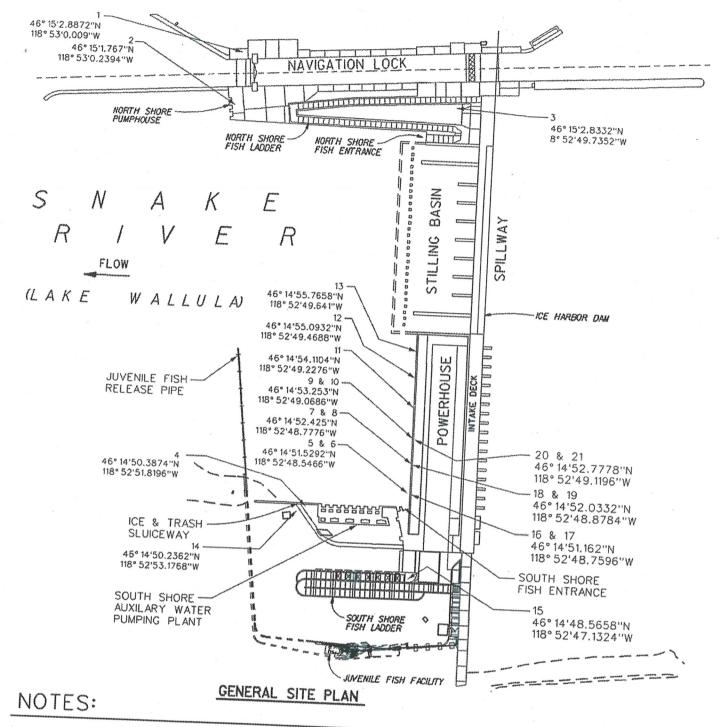
## **CPermit Application Review Checklist**

Part (1) Application Receipt and Registration *To be completed by the Permit Clerk*	1
Facility Name: Ice Harbor Lock and Dam, USACE	•
Permit Number:	
Date Reminder Letter Sent for Additional Information:	None
Date of Postmark on Application Submittal:	4/21/2015
Date Application is Received in OWW:	4/21/2015
Note: Application transmittal letter and the first three pages of the application are to be copied. The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	
Date application package and Checklist are routed to Review Coordinator:	5/4/2015
Date Application Information logged into E-database:	5/4/2015
Permit Clerk Sign off & Date:	
Part (2) Application Review for Timeliness & Comple  *To be completed by Review Coordinator*	<u>eteness</u>
Permit Writer of the Month (name): John Abbotts	
A. If Application is determined to be Timely and Complete:	
<ol> <li>Date Determination letter sent to Applicant:</li> <li>Go to C. below</li> </ol>	
B. If Application is determined to be Incomplete:	

Date Incomplete letter sent to Applicant:	
2. Date additional information is due to R10:	
3. Date additional information is received:	
4. Date Application is determined complete:	
5. Date Timely & Complete letter sent to Applicant:	
6. Go to C below	
<ul> <li>C. Check for Industrial Storm water: <ol> <li>Is the facility an Industrial Facility?</li> <li>A municipal discharger discharging greater than 1 MGD? Or</li> <li>Has a required pretreatment program?</li> </ol> </li> <li>If yes, check Industrial E-NOI Database to see if the facility has a MSGP. <a href="http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm">http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm</a> </li> <li>If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits.</li> </ul>	
5. Go to <b>E</b>	
<ul><li>D. If Application is submitted after the expiration date:</li><li>1. Date expiration letter sent to Applicant</li><li>2. Go to E below</li></ul>	
E. Date package is routed to NCU Database Manager: (Note: NCU Database Manager is to receive copies of <u>all</u> correspondence along with application and this checklist)	-
Application Information logged into E-database	
Review Coordinator Sign off and Date	
Part (3) ICIS/PCS Database Entry *To be completed by NCU Database Manager*	
Date NCU Database Manager receives permit application package:	
Date NCU Database Manager gives application to Data Entry Staff:	

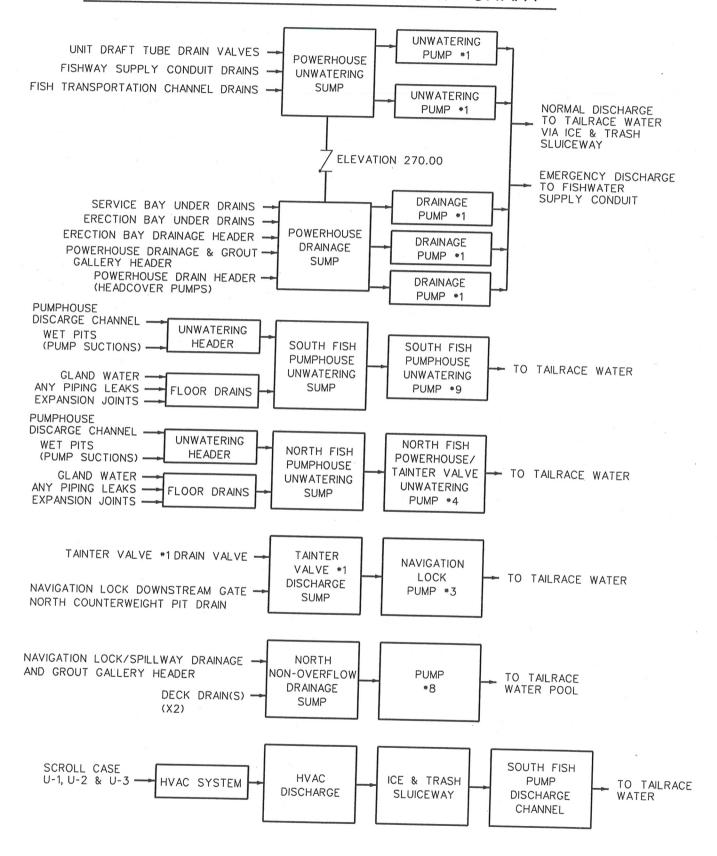
Data-entry Staff (name):	
Date permit information is entered into ICIS/PCS:	
Date permit information is returned to NCU Database Manager:	
Date application, letters and this Checklist are routed to Permit Clerk:	
Date Application Information logged into E-database:	
NCU Database Manager Sign off & Date	
Part (4) Final Filing of Application in Permit File  *To be completed by Permit Clerk*	
Date Application, letters and checklist are filed in Permit File:	
Date final information on application review process entered into E-database:	
Permit Clerk Sign off & Date:	
Comment Section:	7

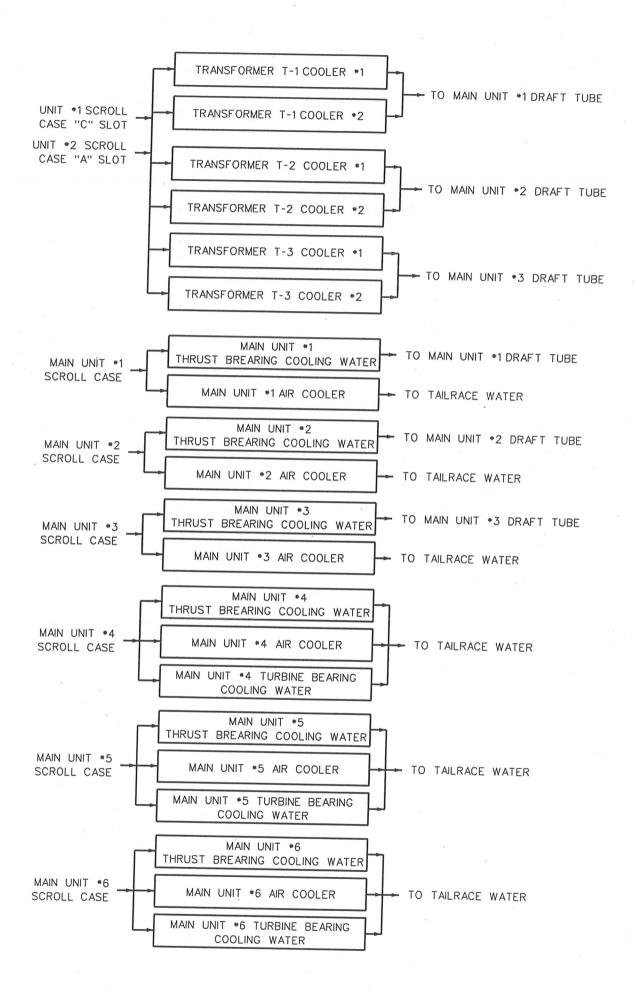




- 1. NAVIGATION LOCK PUMP 3: TAINTER VALVE \*1 DRAINAGE SUMP DISCHARGE.
- 2. NAVIGATION LOCK PUMP4: NORTH FISH PUMPHOUSE UNWATERING SUMP DISCHARGE. 3. NAVIGATION LOCK PUMP 8: NORTH NON-OVERFLOW DRAINAGE SUMP DISCHARGE.
- 4. PUMP 9: SOUTH FISH PUMPHOUSE UNWATERING SUMP DISCHARGE.
- 5. MAIN UNIT 1 AIR COOLER-NON CONTACT COOLING WATER.
- 6. MAIN UNIT 1 THRUST BEARING-NON CONTACT COOLING WATER.
- 7. MAIN UNIT 2 AIR COOLER-NON CONTACT COOLING WATER.
- 8. MAIN UNIT 2 THRUST BEARING-NON CONTACT COOLING WATER.
- 9. MAIN UNIT 3 AIR COOLER-NON CONTACT COOLING WATER.
- 10. MAIN UNIT 3 THRUST BEARING-NON COOLING WATER.
- 11. MAIN UNIT 4-NON CONTACT COOLING WATER.
- 12. MAIN UNIT 5-NON CONTACT COOLING WATER.
- 13. MAIN UNIT 6-NON CONTACT COOLING WATER.
- 14. DRAINAGE AND UNWATER SUMP PUMPS DISCHARGE.
- 15. HVAC DISCHARGE.
- 16. TRANSFORMER COOLER 1-1,
- 17. TRANSFORMER COOLER 1-2.
- 18. TRANSFORMER COOLER 2-1.
- 19. TRANSFORMER COOLER 2-2.
- 20. TRANSFORMER COOLER 3-1.
- 21. TRANSFORMER COOLER 3-2.

## OUTFALL WATER SOURCE FLOW CHART





FORM 1	SEPA	U.S. ENV	ENE	RAL	INFORM	CTION AGENCY ATION	I. EPA I.D. NUMBER	0-0086	6.		
GENERAL			Consc	olidated	Permits Pr	ogram pefore starting.)	F			T/A	1
LABE	LITEMS				an Helionia d	rejore starting.j	1 2 CENEDALINO			13 14	
I. EPA I.D.	NUMBER	515.					GENERAL INST If a preprinted label has beer designated space. Review the info is incorrect, cross through it and appropriate fill-in area below. Also, is absent (the area below. Also,	provormatio enter ti	ided, a n carefu he corre	lly; if any ct data i	of the
	MAILING	PLEA	SE PL	ACE L	ABEL IN TH	HIS SPACE	information that should appear), pl fill-in area(s) below. If the label is need not complete terms I. II. V.	ease p	label sp rovide it lete and	in the pi correct,	ope yo
VI. FACILITY	LOCATION						must be completed regardless). Completed regardless and for the legal authorized the completed regardless.	omplete	e all iter	ns if no	ab
	CHARACTERISTICS						Take to conceted.		A ST OF		
INSTRUCTION submit this form you answer "no' instructions. See	S: Complete A through and the supplements to each question, you also, Section D of the	h J to determine wheth al form listed in the pard u need not submit any d e instructions for definit	er you enthe of the	se form of <b>bold</b> -	s. You may faced term	ny permit application forms to the uestion. Mark "X" in the box in the answer "no" if your activity is ends.	he EPA. If you answer "yes" to a the third column if the suppleme xcluded from permit requiremen	any qu ental fo ts; see	estions orm is a e Section	s, you mattached	u i.
	SPECIFIC QUESTION		YES		FORM	SDEOILIO		T		k "X"	_
A. Is this facility results in a dis	a publicly owned tre	eatment works which the U.S.? (FORM 2A)			ATTACHED	B. Does or will this facility	QUESTIONS (either existing or proposed)	YES	NO	ATTACH	1 IEI
		ults in discharges to	16	17	18	aquatic animal production discharge to waters of the	on facility which results in a U.S.? (FORM 2B)	19	× 20		
above? (FORM	42C) (Form 2E)	e described in A or B	22	23	24	D. Is this a proposed facility (	other than those described in A all tin a discharge to waters of	13	X	21	-
nazardous wa	istes? (FORM 3)	store, or dispose of	28	29		F. Do you or will you inject municipal effluent below containing, within one gu	t at this facility industrial or w the lowermost stratum arter mile of the well bore,	25	26	27	_
connection with	ou inject at this facility, which are brough on conventional oil or need for enhanced recofluids for storage of I	atural gas production,		×	30	H. Do you or will you inject a	t this facility fluids for special f sulfur by the Frasch process,	31	32	33	-
which will poter pollutant regulat	proposed <b>stationary</b> rial categories listed in ntially emit 100 tons ted under the Clean Ai an attainment area? (i	the instructions and per year of any air	40	35	36	year of any air pollutant requi	stationary source which is trial categories listed in the potentially emit 250 tons per lated under the Clean Air Act ted in an attainment area?	37	38	39	_
NAME OF FAC SKIP I CE 16 - 29 30 FACILITY CON	HARBOR LOCK	AND DAM, US	BACE			(I CINW 3)	led in an attainment area?	69	44	45	
		NAME & TITLE (last, fit	rst. &	title)							2
STEVEN D		VIRONMENTAL	TT		ANCE		B. PHONE (area code & no.)				0000000
16					HIVEE C	OORDINATOR (5	09) 543-3204				
ACILTY MAILING	GADDRESS	A. STREET OR P.O.	DOY				48 49 51 (52-) / 55				Mento
2763 MONU	MENT DR	A. STREET OR P.O.	T T				14 m	2.4			
BURBANK	B.	CITY OR TOWN		T	TTT	C. STATE D. Z	IP CODE	7 2	line.		
FACILITY LOCA	TION					40 41 42 47	51		70	/ 2	
CILIT LOCA		JTE NO. OR OTHER S	PEC		NITICICS						
763 MONU	MENT DR	T	I I		INTIFIER			X			
LA WALLA		B. COUNTY NAI	ME 		T	45					
URBANK I	C. C	ITY OR TOWN				D. STATE E. ZIP	CODE F. COUNTY CODE	(if kno	own)		
orm 3510-1 (8-90	))					WA 99323 40 41 42 47					
orm 3510-1 (8-90	))										

CONTINUED FROM THE FRONT	
VII. SIC CODES (4-digit, in order of priority)  A. FIRST	B. SECOND
C       (specify)	
7 4911	/ N/A
15   16 - 19   C. THIRD	15 16 - 19 D. FOURTH
c   ,   (specify)	C (magiful
7 N/A	7 N/A (Spectyy)
VIII. OPERATOR INFORMATION	15 16 - 19
A. NAME	B. Is the name listed in Item
8 U.S. ARMY CORPS OF ENGINEERS, WALLA WALLA I	VIII-A also the owner?
15 16	JISIRICI
C. STATUS OF OPERATOR (Enter the appropriate letter into the	
E = EEDERAL (sp	necify)
S = STATE	A (509) 527-7700
P = PRIVATE	15 6 - 18 19 - 21 22 - 21
E. STREET OR P.O. BOX	
201 N THIRD AVE	
26	55
F. CITY OR TOWN	G. STATE H. ZIP CODE IX. INDIAN LAND
B WALLA WALLA	WA 99362 ☐ YES ☑ NO
15 16	40 41 42 47 - 51
X. EXISTING ENVIRONMENTAL PERMITS	
	issions from Proposed Sources)
CTI CTI	
9 N N/A 9 P N/A	
15 16 17 18 30 15 16 17 18	30
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U N/A 9 N/A	(specify)
15 16 17 18 30 15 16 17 18	30
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
c   T	(specify)
15   16   17   18   30   15   16   17   18	30
XI. MAP	30
Attach to this application a topographic map of the area extending to at least one r	nile beyond property boundaries. The map must show the outline of the facility, the
I location of each of its existing and proposed intake and discharge structures, each of	fits hazardous waste treatment storage or disposal facilities, and each well whose it
injects fluids underground. Include all springs, rivers, and other surface water bodies in	the map area. See instructions for precise requirements.
XII. NATURE OF BUSINESS (provide a brief description)	
ICE HARBOR LOCK AND DAM IS A FEDERAL HYDRO-ELECTRIC GENER	RATION FACILITY DESIGNED TO PROVIDE THE FOLLOWING
FEDERAL SERVICES ON THE SNAKE RIVER: - GENERATE ELECTRICTY FROM THE OPERATION OF HYDRO-ELECTRI	IC TURBINE GENERATORS
- MINIMIZE THE ENVIRONMENTAL IMPACT OF FLOOD CONDITIONS I	BY CONTROLLING THE WATER LEVEL IN THE DAM'S POOL
- PROVIDE A NAVIGATION LOCK FOR THE UPSTREAM AND DOWNSTRI - FACILITATE AND MONITOR THE PASSAGE OF ADULT AND JUVENII	AM MOVEMENT OF COMMERCIAL AND RECREATIONAL VESSELS.
- FACILITATE AND MONITOR THE PASSAGE OF ADOLT AND JUVENII	JLE FISH.
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	1 1 APR 21 Co
	1 L 1 2015 1 1/1 .
	OFFICE USE
	The state of the s
	21 leve
XIII. CERTIFICATION (see instructions)	
I certify under penalty of law that I have personally examined and am familiar with the	information submitted in this application and all attachments and that, based on my
inquiry of those persons immediately responsible for obtaining the information contain	ed in the application. I believe that the information is true, accurate, and complete I
am aware that there are significant penalties for submitting false information, including t	ne possibility of fine and imprisonment.
A. NAME & OFFICIAL TITLE (type or print)  LTC Timothy R. Vail  B. SIGNATURE	C. DATE SIGNED
District Commander	
product communication	
COMMENTS FOR OFFICIAL USE ONLY	
C	
С	

PORM 2E NPDES

# **ŞEPA** Facilities Which Do Not Discharge Process Wastewater

1.	RE	CEI'	VIN	G V	VAT	ERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)		Latitude	1		Longitud	е	Receiving Water (name)
Number (list)	Deg	Min	Sec	Deg	Min	Sec	SNAKE RIVER
001	46.00	15.00	3.00	118.0	53.00	0.50	

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)
12/01/1961

T)					

Α.	Check the	box(es)	indicating	the	general	type(s)	of	wastes	discharged.
----	-----------	---------	------------	-----	---------	---------	----	--------	-------------

	-		
 Sanitary Wastes		Restaurant or Cafeteria	

☐ Noncontact Cooling Water

Other Nonprocess
Wastewater (Identify)

See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. N/A

## IV. EFFLUENT CHARACTERISTICS

- A. Existing Sources Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).
- B. New Dischargers Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	Max Daily	1) imum Value le units)	Avera Value (	2) ge Daily last year) le units)	(3) Number of Measurements	(or) (4) Source of Estimate
	Mass	Concentration	Mass	Concentration	Taken (last year)	(if new discharger)
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	102.71bs/day	5.7 mg/L	4.9 lbs/day	5.7 mg/L	1.00	
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA NA	NA	NA	AN	0.00	
Total Residual Chlorine (if chlorine is used)	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	30.6 lbs/day	1.7 mg/L	1.4 lbs/day	1.7 mg/L	1.00	
Ammonia (as N)	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 1500	GPM	0.104	MGD	0.00	
pH (give range)	Value 7.50,-	8.50		,	1.00	
Temperature (Winter)		°C		°C	0.00	
Temperature (Summer)		22.20 °C		°C	1.00	
*If noncontact cooling water is discha	arged					

\*If noncontact cooling water is discharge

Use the space below to expand upon any of the above questions or to bring to the attention of the revisional be considered in establishing permit limitations. Attach additional sheets, if necessary.  Please see attached sheet for additional information.  Please see attached sheet for additional information.  I certify under penalty of law that this document and all attachments were prepared under my directly under penalty of assure that qualified personnel properly gather and evaluate the information, my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties the possibility of fine and imprisonment for knowing violations.  A. Name & Official Title  ETC Timothy R. Vail District Commander	ction or supervision in accordance with a itted. Based on my inquiry of the person or the information with his information with his information.
Use the space below to expand upon any of the above questions or to bring to the attention of the revisional be considered in establishing permit limitations. Attach additional sheets, if necessary.  Please see attached sheet for additional information.  Please see attached sheet for additional information.  VIII. CERTIFICATION  I certify under penalty of law that this document and all attachments were prepared under my directly system designed to assure that qualified personnel properly gather and evaluate the information, my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties the possibility of fine and imprisonment for knowing violations.	ction or supervision in accordance with a itted. Based on my inquiry of the person or the information with his information with a information with
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Use the space below to expand upon any of the above questions or to bring to the attention of the revisional deconsidered in establishing permit limitations. Attach additional sheets, if necessary.  Please see attached sheet for additional information.  VIII. CERTIFICATION  I certify under penalty of law that this document and all attachments were prepared under my directly under penalty of law that this document and all attachments were prepared under my directly under penalty of law that this document and all attachments were prepared under my directly under penalty of law that this document and all attachments were prepared under my directly under the constant of the constan	
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Use the space below to expand upon any of the above questions or to bring to the attention of the revisional sheets, if necessary.	iewer any other information you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the reve	iewer any other information you feel
VII. OTHER INFORMATION (Optional)	
N/A	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
sample.	
- Outfall was sampled with a grab sample; there was not sufficient r	runtime for a continuous
- Average Daily Flow is not currently recorded	
because the pump is on a float switch and only operates when the sur down.	mp level is high enough to pump
the Navigation Lock downstream gate north counterweight pit drain	The discharge is intermittent
	the Tainter Valve #1 drainage
Outfall 001, Navigation Lock Pump 3: This pump takes a suction from sump. The Tainter Valve #1 drainage sump receives input from the Tainter Valve #1 drainage sump receives from the Tainter Valve #1	
If yes, briefly describe the frequency of flow and duration.  Outfall 001, Navigation Lock Pump 3: This pump takes a suction from sump. The Tainter Valve #1 drainage sump receives input from the Tainter Valve #1 drainage sump receives in the Tainter Valve #1 drainage sump receives in the Tainter Valve #1 drainage sump receives in the Tainter Valve #1 drainage sump receives from the Tainter Valve #1 drainage sump receives from the Tainter Valve #1 drainage sump receives from the Tainter Valve #1 draina	☑ Yes □ No

FORM 2E NPDES

# Facilities Which Do Not Discharge Process Wastewater

## I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s)

Outfall Number (list)		Latitude	9		Longitud	le	Receiving Water (name)	
Trainbot (not)	Deg	Min	Sec	Deg	Min	Sec	SNAKE RIVER	
002	46.00	15.00	1.00	118.0	53.00	0.20		
II DISCUADOS D								

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging) 12/01/1961

### III.TYPE OF WASTE

<ul> <li>A. Check the box(es) indicating the general type(s) or</li> </ul>	of wastes discharged
--	----------------------

	Sanitary Wastes	Restaurant or Cafeteria	Mostos
$\Box$	Sanitary Wastes	☐ Restaurant or Cafeteria	Mact

☐ Noncontact Cooling Water

Other Nonprocess  $\checkmark$ Wastewater (Identify)

Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. N/A

## IV. EFFLUENT CHARACTERISTICS

- A. Existing Sources Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting
- B. New Dischargers Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	Mar Daily	(1) kimum / Value de units)	Avera Value	(2) ge Daily (last year) de units)	(3) Number of Measurements	(or) (4) Source of Estimate
	Mass	Concentration	Mass	Concentration	Taken (last year)	(if new discharger)
Biochemical Oxygen Demand (BOD)	177.3lbs/day	9.84 mg/L	8.53 lbs/day	9.84 mg/L	1.00	
Total Suspended Solids (TSS)	153.1lbs/day	8.5 mg/L	7.4 lbs/day	8.5 mg/L	1.00	
Fecal Coliform (if believed present or if sanitary waste is discharged)	. NA	NA	NA	NA	0.00	1 7 7
Total Residual Chlorine (if chlorine is used)	1.03 lbs/day	0.057 mg/L	0.05 lbs/day	0.057 mg/L	1.00	
Oil and Grease	79.3 lbs/day	4.4 mg/L	3.8 lbs/day	4.4 mg/L	1.00	
*Chemical oxygen demand (COD)	468.4lbs/day	26 mg/L	22.5 lbs/day	26 mg/L	1.00	
*Total organic carbon (TOC)	122.5lbs/day	6.8 mg/L	22.6 lbs/day	6.8 mg/L	1.00	
Ammonia (as N)	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value . 1500	GPM	0.104		0.00	
pH (give range)	Value 7.00-	8.00			1.00	
Temperature (Winter)		°C			0.00	
Temperature (Summer)		14.80 °C		°C	1.00	
If noncontact cooling water is discha	rged	- C	,	°C	1.00	

If you briefly describe the frequency of flow said to the	sonal?		
If yes, briefly describe the frequency of flow and duration.	✓	Yes	□ No
Outfall 002, Navigation Lock Pump 4: This pump takes suction from Unwatering Sump, which receives input from two sources; the Unwate Drains. This Unwatering Header receives input from the pumphouse pits. The Floor Drains receive input from various gland water, expipes and a bubbler at the end of the potable water line that prov residual chlorine levels. The discharge is intermittent because the only operates when the sump level is high enough to pump down.	ering Head discharge pansion j	der an chan joints	d various Floor nel and the wet , any leaking
- Average Daily Flow not currently recorded			
- Outfall was sampled with a grab sample; there was not sufficient sample.	runtime	for a	continuous
W. FOR STURM OVER 18 IN THE STURM OF THE STU			
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)			
N/A			
VII. OTHER INFORMATION (Optional)			
Use the space below to expand upon any of the above questions or to bring to the attention of the re-	eviewer any o	ther info	rmation you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the reshould be considered in establishing permit limitations. Attach additional sheets, if necessary.	eviewer any o	ther info	rmation you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the reshould be considered in establishing permit limitations. Attach additional sheets, if necessary.	eviewer any o	ther info	rmation you feel
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Use the space below to expand upon any of the above questions or to bring to the attention of the reshould be considered in establishing permit limitations. Attach additional sheets, if necessary.	eviewer any o	other info	rmation you feel
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Use the space below to expand upon any of the above questions or to bring to the attention of the reshould be considered in establishing permit limitations. Attach additional sheets, if necessary.  IVA  III. CERTIFICATION  I certify under penalty of law that this document and all attachments were prepared under my dissystem designed to assure that qualified personnel properly gather and evaluate the information subpersons who manage the system, or those persons directly responsible for gathering the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaltit the possibility of fine and imprisonment for knowing violations.	rection or sup	pervision of on my i attion sub ting false	in accordance with a inquiry of the person or mitted is to the best of a information, including
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Use the space below to expand upon any of the above questions or to bring to the attention of the reshould be considered in establishing permit limitations. Attach additional sheets, if necessary.  N/A  I. CERTIFICATION  I certify under penalty of law that this document and all attachments were prepared under my dissystem designed to assure that qualified personnel properly gather and evaluate the information subpersons who manage the system, or those persons directly responsible for gathering the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaltithe possibility of fine and imprisonment for knowing violations.  Name & Official Title  TC Timothy R. Vail District Commander	rection or sup	pervision d on my i attion sub ting false	in accordance with a inquiry of the person or mitted is to the best of a information, including
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7.50-8.50

19.40°C

\*If noncontact cooling water is discharged

pH (give range)

Temperature (Winter)

Temperature (Summer)

1.00

0.00

1.00

°C

°C

If yes, briefly describe the frequency of flow and duration.	ittent or seasonal?  ☑ Yes □ No
Outfall 003, Navigation Lock Pump 8: This pump takes a su- Drainage Sump which receives input from Navigation Lock/S and two deck drains. The discharge is intermittent because operates when the sump level is high enough to pump down.	pillway drainage and group gallory heads
- Average Daily Flow is approximately 4.6 hours at 500gpm	(or 138,621 gallons per day).
- Outfall was sampled with a grab sample; there was not susample.	ufficient runtime for a continuous
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be use	ed)
N/A	
VII. OTHER INFORMATION (Optional)	
Use the space below to expand upon any of the above questions or to bring to the atte	ention of the reviewer any other information you feet
should be considered in establishing permit limitations. Attach additional sheets, if necessity	essary.
N/A	
	· · · · · · · · · · · · · · · · · · ·
	**
/III. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared system designed to assure that qualified personnel properly gather and evaluate the integer persons who manage the system, or those persons directly responsible for gathering to my knowledge and belief, true, accurate, and complete. I am aware that there are sign the possibility of fine and imprisonment for knowing violations.	formation submitted. Based on my inquiry of the person or
. Name & Official Title	D Dham No. /
TC Timothy R. Vail District Commander	B. Phone No. (area code & no.) (509) 527-7700
Signature	D. Date Signed
TC4	
A Form 3510-2E (8-90)	Page 2 of

Page 2 of 2

Please print or type in the unshaded areas only.

FORM

NPDES

## **ŞEPA** Facilities Which Do Not Discharge Process Wastewater

18								
88	70000		CE	13.71	NG	LAZA	700	DO
23	P000	ĸE	UE	I V I	NG	VVA	88≖	K5

For this outfall, list the latitude and longitude, and name of the receiving water(s)

Outfall Number (list)		Latitude	)		ongitud	е	Receiving Water (name)
Number (list)	Deg	Min	Sec	Deg	Min	Sec	SNAKE RIVER
004	46.00	14.00	50.00	118.0	52.00	51.00	

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging) 12/01/1961

III. TYP		

<ul> <li>A. Check the box(es) indicating the general type(s) of wastes disch</li> </ul>	narded.
---	---------

☐ Restaurant or Cafeteria Wastes

☐ Noncontact Cooling Water

Other Nonprocess ☑ Wastewater (Identify)

See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. N/A

### IV. EFFLUENT CHARACTERISTICS

- A. Existing Sources Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).
- B. New Dischargers Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	Max Daily	1) imum Value le units)	(2) Average Daily Value (last year) (include units)  Mass Concentration		(3) Number of Measurements		(or) (4) Source of Estimate	
	Mass	Concentration			Taken (last year		(if new discharger)	
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00			
Total Suspended Solids (TSS)	180.1 lbs/da	10 mg/L	8.7 lbs/day	10 mg/L	1.00			
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00	$\neg$		
Total Residual Chlorine (if chlorine is used)	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	$\neg$		
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00			
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00			
*Total organic carbon (TOC)	28.8 lbs/day	1.6 mg/L	1.4 lbs/day	1.6 mg/L	1.00			
Ammonia (as N)	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00		,	
Discharge Flow	Value 1500	GPM	0.104	MGD	0.00	$\top$		
pH (give range)	Value 7.50-	8.50			1.00	1		
Temperature (Winter)		°C	The state of the s	°C	0.00	$\top$		
Temperature (Summer)		20.90 ℃		°C	1.00	$\neg$		
*If noncontact cooling water is discha	argod							

If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermitted. If yes, briefly describe the frequency of flow and duration.	ent or seasonal?	☑ Yes	□ No
Outfall 004, South Fish Pumphouse Pump 9: This pump takes a Unwatering Sump which receives input from two sources; the Drains. The Unwatering Header receives input from the Pump The Floor Drains receive input from pump gland cooling wate pipes. The discharge is intermittent because the pump is o the sump level is high enough to pump down.	Unwatering He house Dischar	ader and ge Chanr	d various Floor nel and Wet Pits
- Average Daily Flow is not currently recorded			
- Outfall was sampled with a grab sample; there was not sufsample.	ficient runti	me for a	continuous
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	<u> </u>		Action Company
N/A			
			•
			,
Use the space below to expand upon any of the above questions or to bring to the attenti should be considered in establishing permit limitations. Attach additional sheets, if necession Attach additional sheets are necession Attach additional sheets and additional sheet additio	sary.	ny outer mit	ormation you feel
			,
CERTIFICATION			
certify under penalty of law that this document and all attachments were prepared un	ader my direction o		
system designed to assure that qualified personnel properly gather and evaluate the inform persons who manage the system, or those persons directly responsible for gathering the my knowledge and belief, true, accurate, and complete. I am aware that there are significe the possibility of fine and imprisonment for knowing violations.	mation submitted. B	ased on my	inquiry of the person of
Name & Official Title			B. Phone No. <i>(area co</i>
C Timothy R. Vail District Commander			& no.) (509) 527-7700
Signature			D. Date Signed
TWI			
7			
Form 3510-2E (8/90)			Page 2

I RECEIVING WA	

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall	Latitude			Longitude			Receiving Water (name)
Number (list)	Deg	Min	Sec	Deg	Min	Sec	SNAKE RIVER
005	46.00	14.00	51.00	118.(	52.00	48.00	

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging) 12/01/1961

III.TY		

<ul> <li>A. Check the box(es) indicating the general type(s) of was</li> </ul>	es discharged.
--	----------------

Sanitary Wastes	Restaurant or Cafeteria Waste:

✓ Noncontact Cooling Water

_	Other Nonprocess
Ш	Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. N/A

### IV. EFFLUENT CHARACTERISTICS

- A. Existing Sources Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).
- B. New Dischargers Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or	Max	1) imum Value	Averag Value (	(3) (0  Number of Measurements  Taken (last year)		)	(4)	
Parameter	(includ	Concentration	(includ			Source of Estimate (if new discharger)		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00			
Total Suspended Solids (TSS)	49.0 lbs/day	3.4 mg/L	49.0 lbs/day	3.4 mg/L	1.00			
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00	$\top$		
Total Residual Chlorine (if chlorine is used)	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	$\top$		
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	lbs/day <1 mg/L				
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00			
*Total organic carbon (TOC)	30.3 lbs/day	2.1 mg/L	30.3 lbs/day	2.1 mg/L	1.00			
Ammonia (as N)	0.69 lbs/day	0.048 mg/L	0.69 lbs/day	0.048 mg/L	1.00			
Discharge Flow	Value 1200	GPM	1.728	0.00				
pH (give range)	Value 7.00-	8.00		1.00	十			
Temperature (Winter)		°C		°C	0.00	$\top$		
Temperature (Summer)	-	24.20 °C		°C	1.00	$\top$		- A
*If noncontact cooling water is discha	arged			*			-	

If yes, briefly describe the frequency of flow and duration.	✓ Yes No
Outfall 005, Main Unit #1 Air Cooler Non-Contact Cooling because the cooling water is secured while the main unit	Water: This discharge is intermittent is shut down.
- Average Flow is approximately 1,200 gpm when the unit 1,728,000 gallons per day.	is operating for a maximum daily flow of
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be u	sed)
N/A	
VII. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the at	tention of the reviewer any other information you fool
should be considered in establishing permit limitations. Attach additional sheets, if ne	cessary.
Outfalls 005, 007, and 009 are substantially identical dis from each main unit.	scharges of non-contact cooling water
TIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepare	d under my direction or supervision in accordance with a
system designed to assure that qualified personnel properly gather and evaluate the persons who manage the system, or those persons directly responsible for gathering my knowledge and belief, true, accurate, and complete. I am aware that there are significantly of fine and imprisonment for knowing violations.	information submitted. Based on my inquiry of the person or
. Name & Official Title	B. Phone No. (area code
TC Timothy R. Vail District Commander	& <i>no.</i> ) (509) 527-7700
Signature	D. Date Signed
TU	
PA Form 3510-2E (8-90)	

Please print or type in the unshaded areas only.

PORM 2E NPDES

# **≎EPA** Facilities Which Do Not Discharge Process Wastewater

	1.	REC	<b>EIVIN</b>	G WA	ATERS
--	----	-----	--------------	------	-------

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
Number (list)	Deg	Min	Sec	Deg	Min	Sec	SNAKE RIVER
006	46.00	14.00	51.00	118.0	52.00	48.00	

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)
12/01/1961

TYP		

- A. Check the box(es) indicating the general type(s) of wastes discharged.
- ☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes
- ✓ Noncontact Cooling Water
- Other Nonprocess
  Wastewater (Identify)
- B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. N/A

## IV. EFFLUENT CHARACTERISTICS

- A. Existing Sources Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).
- B. New Dischargers Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	Max Daily	1) imum Value le units)	Averag Value (i	(3) (0 Number of Measurements Taken (last year)		or) (4)		
	Mass	Concentration	(includ			Source of Estimate (if new discharger)		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00			
Total Suspended Solids (TSS)	7.1 lbs/day	4.9 mg/L	7.1 lbs/day	4.9 mg/L	1.00			
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00			
Total Residual Chlorine (if chlorine is used)	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00			
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00			
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00			
*Total organic carbon (TOC)	3.0 lbs/day	2.1 mg/L	3.0 lbs/day	2.1 mg/L	1.00			
Ammonia (as N)	0.06 lbs/day	0.043 mg/L	0.06 lbs/day	0.043 mg/L	1.00			
Discharge Flow	Value 120	GPM	0.172	0.00				
pH (give range)	Value 7.00-	8.00			1.00			
Temperature (Winter)		°C		°C	0.00	$\top$		
Temperature (Summer)		26.10 <sub>°C</sub>		°C	1.00			
*If noncontact cooling water is discha	arged				49.00			

C Timothy R. Vail District Commander & no.)	Except for leaks or spills  If yes, briefly describe the	frequency of flow and duration	on.		☑ Yes	□ No
II. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you leed should be considered in establishing permit limitations. Attach additional sheets, if necessary.  Literal Source of the stablishing permit limitations and the stablishing permit limitations are substantially identical discharges of non-contact cooling wat to see the sain unit.  Literal Source of the stablishing permit limitations are substantially identical discharges of non-contact cooling wat to see the sain unit.  Literal Source of the sain unit of the sai	tfall 006, Main Un cause the cooling	it #1 Thrust Bearin water is secured wh	g Non-Contact Coc ile the main unit	oling Water: Th	is dischar	ge is intermit
II. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.  Lefalls 006, 008, and 010 are substantially identical discharges of non-contact cooling wat rom each main unit.  Letting the state of the	Average Flow is app 2,800 gallons per	proximately 120 gpm day.	when the unit is	operating for	a maximum	daily flow of
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.  Lefalls 006, 008, and 010 are substantially identical discharges of non-contact cooling wat rom each main unit.  CERTIFICATION  Leartify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information submitted is to the interpretability of fine and impresonment for knowing violations.  Lame & Official Title  Timothy R. Vail District Commander  Lame & Official Title  B. Phone No. (an & no.)  [509] 527-77.						
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Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.  Internal 18 006, 008, and 010 are substantially identical discharges of non-contact cooling wat come each main unit.  CERTIFICATION  Internal 18 occurrence of the substantially identical discharges of non-contact cooling wat come each main unit.  CERTIFICATION  Internal 18 occurrence of the substantially identical discharges of non-contact cooling wat come each main unit.  CERTIFICATION  Internal 18 occurrence of the substantially identical discharges of non-contact cooling wat come each main unit.  CERTIFICATION  Internal 18 occurrence of the substantially identical discharges of non-contact cooling wat come each main unit.  CERTIFICATION  Internal 18 occurrence of non-contact cooling wat cooling wat come each main unit.  CERTIFICATION  Internal 18 occurrence of non-contact cooling wat cooling wat come each main unit.  CERTIFICATION  Internal 18 occurrence of non-contact cooling wat c		any any a dament	system(s) used or to be to	isea)		
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Please print or type in t	he unshad	ed areas only		EPA ID I	Number (c	opy from Item 1 of Fo	rm 1)		oproved. OMB No. 20 al expires 5-31-92.	40-0086.
PORM 2E SEI	PA	Faciliti	es V	Vhic	h Do	Not Disc	ha	rge Proce	2.00	water
I. RECEIVING WATE	RS									
	For t	his outfall,	list th	e latitu	ide and	longitude, and	nan	ne of the receiving	ng water(s).	
Outfall Number (list)	Latit	tude		Longitud	le	Receiving Water (r	name,	) -		
Number (list)	Deg M	in Sec	Deg	Min	Sec	SNAKE RIVER				
007 46	5.00 14	.0(52.00	118.0	52.00	48.00					
II. DISCHARGE DATE	(If a new	discharger, 12/01/1		e you ex	pect to b	egin discharging)				
III. TYPE OF WASTE						Y LONG TO	-			
A. Check the box(es) in	ndicating	the general	type(s)	of waste	s dischar	ged.				
☐ Sanitary Wastes		Restaurant	or Cafe	teria Wa	estes	☑ Nonco	ntact	Cooling Water	Other Nonp Wastewater	
A. Existing Source authority (see ins     B. New Discharger authority. Instead	<i>tructions)</i> <b>s</b> — Prov	ide estimate	s for the	e parame ents take	eters liste	ed in the left-hand o	olum		ved by the permittin	ng
Pollutant or Parameter			Maxi Daily (include	Value		Va	ilue (la	e Daily ast year) e units)	Number of Measurements	Source of Estimat
Biochemical Oxygen		Mass		Cond	centration	Mass		Concentration	Taken (last year)	(if new discharge
Demand (BOD)										-
otal Suspended Solids (TS	S)					,				
ecal Coliform (if believed por if sanitary waste is discha								,		
otal Residual Chlorine (if hlorine is used)										
il and Grease						2				
Chemical oxygen demand (	COD)	Commission of Assessment, California		-			1			
Total organic carbon (TOC)							$\top$			
mmonia (as N)							$\top$			
ischarge Flow	V	alue	1200	GPM		1.	728	MGD	0.00	
H (give range)	V	alue								
emperature (Winter)					0	С		°C		
emperature (Summer)				4 .	0	С		°C		
noncontact cooling water i	s discharge	ed								

V. Except for leaks or spills, will the discharge described in this form be intermittent or lf yes, briefly describe the frequency of flow and duration.	seasonal?	s 🗆 No
Outfall 007, Main Unit #2 Air Cooler Non-Contact Cooling Water: because the cooling water is secured while the main unit is shu	This discharge t down.	e is intermittent
- Average Flow is approximately 1,200gpm when the unit is opera 1,728,000 gallons per day.	ting for a max	imum daily flow of
- This outfall was not sampled due to Main Unit #2 not in opera	tion	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
N/A		
/II. OTHER INFORMATION (Optional)		
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2E NPDES	SEPA	Fac	cilitie	es V	Vhic	h Do	Not	Disc	cha	rge	Proce	ss V	/aste	wa	iter	
I. RECEIVING	WATERS															
	For	r this o	utfall,	list th	e latitu	de and	l longitu	de, and	l nan	ne of th	e receivir	ng wate	er(s).			
Outfall Number (list)	Deg	atitude Min	Sec	L	_ongitud	e Sec	Receivin	g Water (	,	)						
008	46.0(1	14.005	52.00	25-0	14.34.0			101 111				? /				
II. DISCHARGE	DATE (If a ne		narger, 1		e you ex	pect to b	egin disc	harging)								
III.TYPE OF WA	STE					196										
A. Check the box	x(es) indicatir	ng the ge	eneral t	ype(s)	of waste	s dischai	rged.									
☐ Sanitary W	astes [	] Resta	aurant (	or Cafe	teria Wa	stes	. [	Nonce	ontact	Cooling	Water		ther Nonp astewate			
B. If any cooling N/A	water additiv	es are u	sed, lis	t them I	here. Bri	efly desc	cribe their	composi	tion if	this infor	mation is av	/ailable.				
B. New Disch	iources — Pi see instruction	rovide m ns). rovide es	stimates	s for the	e param	eters liste	ed in the	eft-hand	colum	n below.	unless wait	ved by th			ng	
Pollutan Parame	at or			(* Maxi	1) mum Value	31, p. 01.		V	Averag	2) ge Daily ast year) e units)	1 1300 11311 0	(3) Nu Meas	mber of surements		ource of E	
			Mass		Cond	centration		Mass		Cond	entration		faken st year)	111	new disc	Hary <del>er</del> j
Biochemical Oxyger Demand (BOD)	1															
Total Suspended So	ilids (TSS)															
ecal Coliform (if be or if sanitary waste is									_					1		
otal Residual Chlor hlorine is used)	ine (if															
il and Grease																
Chemical oxygen de	emand (COD)													T		
Total organic carbon	n (TOC)													T	,	
mmonia (as N)														1		
ischarge Flow		Value	,	120	GPM			0	.172	B MGD		0	.00			
H (give range)		Value														
emperature (Winter	)						°C				°C					
emperature (Summe	er)						°C				°C					

\*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermiled liftyes, briefly describe the frequency of flow and duration.	✓ Yes □ No
Outfall 008, Main Unit #2 Thrust Bearing Non-Contact Cool because the cooling water is secured while the main unit	ing Water: This discharge is intermitte is shut down.
- Average Flow is approximately 120gpm when the unit is on 172,800 gallons per day.	perating for a maximum daily flow of
- Sample was not taken due to Main Unit #2 not operating	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be use	
N/A	ea)
Use the space below to expand upon any of the above questions or to bring to the atte should be considered in establishing permit limitations. Attach additional sheets, if necessary	ention of the reviewer any other information you feel cessary.
I/A	
III. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared system designed to assure that qualified personnel properly gather and evaluate the in persons who manage the system, or those persons directly responsible for gathering my knowledge and belief, true, accurate, and complete. I am aware that there are sign the possibility of fine and imprisonment for knowing violations.	information submitted. Based on my inquiry of the person or the information, the information submitted is to the best of
Name & Official Title	B. Phone No. (area code
TC Timothy R. Vail District Commander	& no.) (509) 527-7700
	1,,
Signature	D. Date Signed
A Form 3510-2E (8-9)	

Please print or type in the uns		:PA ID Number (copy	rirom item 1 or Form 1)		proved. OMB No. 204 Lexpires 5-31-92.	10-0086.
PORM 2E SEPA	Facilities W	/hich Do l	Not Discha	rge Proces	ss Waste	water
I. RECEIVING WATERS						
Fo	or this outfall, list the	latitude and lo	ngitude, and nan	ne of the receivin	g water(s).	
Outfall I	Latitude Lo	ongitude Re	ceiving Water (name	)		
Deg Deg	Min Sec Deg	Min Sec SN	NAKE RIVER			
009 46.00	14.00 53.00 118.0	52.0(49.0(				
II. DISCHARGE DATE (If a r	new discharger, the date 12/01/1961	you expect to begin	n discharging)			
III.TYPE OF WASTE						
A. Check the box(es) indicate	ing the general type(s) of	wastes discharged	d.			
☐ Sanitary Wastes	Restaurant or Cafete	eria Wastes	☑ Noncontact	Cooling Water	Other Nonpr Wastewater	
IV. EFFLUENT CHARACTER  A. Existing Sources — Fauthority (see instructions)  B. New Dischargers — Fauthority. Instead of the	Provide measurements for ons). Provide estimates for the enumber of measurement (1)	parameters listed in nts taken, provide t	in the left-hand colum the source of estimate	nn below unless waiv	ved by the permittin	ng
Pollutant or Parameter	Maxim Daily Vo (include)	alue	Value (I	ge Daily last year) le units)	Number of Measurements	(or) (4) Source of Estimate
	Mass	Concentration	Mass	Concentration	Taken (last year)	(if new discharger)
Biochemical Oxygen Demand (BOD)						
Fotal Suspended Solids (TSS)						
Fecal Coliform (if believed present or if sanitary waste is discharged)						
Total Residual Chlorine (if chlorine is used)						
Oil and Grease						
Chemical oxygen demand (COD)						
Total organic carbon (TOC)						
mmonia (as N)						
ischarge Flow	Value 1200 (	3PM	1.728	MGD	0.00	
H (give range)	Value					
emperature (Winter)		°C		°C		
emperature (Summer)		°C		°C		
f noncontact cooling water is discl	harged					

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.  A  I. CERTIFICATION  I. CERTIFICATION  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including Name & Official Title  B. Phone No. (area code)	V. Except for leaks or spills, will the discharge described in this for	m ha intermittent	
Dutfall 1009 Mein Unit #3 Air Cooler Non-Contact Cooling Nater: This discharge is intermittent because the cooling water is secured while the main unit is shut down.  - Average Plow is approximately 1,200gpm when the unit is operating for a maximum daily flow of 1,728,000 gallons per day.  - This cutfall was not sampled due to Main Unit #3 not in operation  VI. TREATMENT SYSTEM (Describe bidely any treatment system(e) used or to be used)  N/A  WI. TREATMENT SYSTEM (Describe bidely any treatment system(e) used or to be used)  N/A  Learn space below to expend upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.  A  Learn under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property system and evaluate the information, the information submitted is to the best of the possibility of fine and improvement for knowing voidence.  **Learn under the property of the person short of pathing the information, the information submitted is to the best of the possibility of fine and improvement for knowing voidence.  **Learn under the pathing of the and improvement for knowing voidence.**  D. Date Signed  D. Date Signed  D. Date Signed	If yes, briefly describe the frequency of flow and duration.	in be intermittent or seasonal	✓ Yes □ No
Average Flow is approximately 1,200gpm when the unit is operating for a maximum daily flow of 1,728,000 gallons per day.  This outfall was not sampled due to Main Unit #3 not in operation  W. TREATMENT SYSTEM (Describe briefly any treatment system(s) used onto be used)  W. TREATMENT SYSTEM (Describe briefly any treatment system(s) used onto be used)  W. TREATMENT SYSTEM (Describe briefly any treatment system(s) used on to be used)  W. TREATMENT SYSTEM (Describe briefly any treatment system(s) used on to be used)  W. TREATMENT SYSTEM (Describe briefly any treatment system(s) used on to be used)  W. TREATMENT SYSTEM (Describe briefly any treatment system(s) used on to be used)  W. TREATMENT SYSTEM (Describe briefly any treatment system(s) used on to be used)  W. TREATMENT SYSTEM (Describe briefly any treatment system(s) used on to be used)  W. TREATMENT SYSTEM (Describe briefly any treatment system)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit functions.  A describe under permit function as used to be used.  D. Date Signature  D. Date Signature  D. Date Signature	Outfall 009 Main Unit #3 Air Cooler Non-Contact of	Cooling Water Will 1	
This outfall was not sampled due to Main Unit #3 not in operation  VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.  A.  I. CERTIFICATION  Leartify under pensally of law that this document and all attachments were propared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and results the information submitted Based on my inquiry of the person persons who manage the system, or those persons directly responsible to the personnel property and the results and complete in an aware that there are significant pensalies for submitting false information, including the personnel property submitted is to the best of the possibility of line and imprisonment for knowing violations.  B. Phone No. (area code & no.)  C. Timothy R. Vail District commander  D. Date Signeture	J MAGE IS SECURED WITTE CHE III	in unit is shut down.	•
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Please print or type in the	he unsha	ded areas	s only.	EPA	ID Number (d	copy from Item 1 of Form		Approved, OMB No. 204 val expires 5-31-92.	40-0086.
FORM 2E SEF	PA	Faci	ilitie	s Wh	ich Do	Not Disch	arge Proce	ess Waste	water
I. RECEIVING WATER	RS								
	For	this ou	tfall, lis	st the la	titude and	I longitude, and na	ame of the receivi	ng water(s).	
Outfall Number (list)	Lat	titude		Longi	tude	Receiving Water (nam	ne)		
Number (list)	Deg N	Min S	Sec D	Deg Mi	n Sec	SNAKE RIVER			*
010 46	5.0( 14	1.00 53	3.0(1)	18.(52.	.0(49.00				
II. DISCHARGE DATE	(If a new		orger, the		ı expect to b	egin discharging)			
III. TYPE OF WASTE									
A. Check the box(es) in	ndicating	the gen	neral typ	e(s) of wa	stes discha	rged.			
☐ Sanitary Wastes		Restau	rant or	Cafeteria	Wastes	✓ Nonconts	act Cooling Water	Other Nonpr  Wastewater	
B. New Dischargers	s — Pro tructions s — Pro	ovide mea	imates for measu	for the par	ameters list	de the source of estima	ımn below unless wa	tived by the permitting outlines.	
Pollutant or Parameter			1	Daily Value nclude units		Value	(last year) ude units)	Number of Measurements	Source of Estimate
		4	Mass	0	Concentration	Mass	Concentration	Taken (last year)	(if new discharger)
Biochemical Oxygen Demand (BOD)									
Total Suspended Solids (TS	S)								
ecal Coliform (if believed por if sanitary waste is discha									
otal Residual Chlorine (if							4.		
Oil and Grease									
Chemical oxygen demand (	COD)								
Total organic carbon (TOC)									×,
mmonia (as N)									
ischarge Flow		Value	1	20 GPM		0.17	28 MGD	0.00	
H (give range)		Value							
emperature (Winter)						°C	°C		
emperature (Summer)						°C	°C		
f noncontact cooling water is	c dicabar	and							

Dutatil 010, Main Unit #3 Thrust Bearing Non-Contact Cooling Water: This discharge is intermit because the cooling water is secured while the main unit is shut down.  Average Flow is approximately 120gpm when the unit is operating for a maximum daily flow of 172,800 gallons per day.  Sample was not taken due to Main Unit #3 not operating  TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  TOTHER INFORMATION (Cptional)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.  A  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CONTRACT A that this document and all attachments were prepared under my direction or supervision in accordance with a gitten designed to assume that qualified personnel property gather and evaluate the information submitted is the person or possibility of the and impressonment for two persons directly responsible for gathering the information submitted in formation, including any possibility of the and impressonment for knowing violence. It am award that there are significant penalties for submitting faste information, including and a contract of the person of	If yes, briefly describe the frequency of flow and duration.	mittent or seasonal?
A Verage Plow is approximately 120gpm when the unit is operating for a maximum daily flow of 172,800 gallons per day.  Sample was not taken due to Main Unit #3 not operating  I. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  II. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  III. Treatment System or the used or to be used)  III. Treatment System or the used or to be used or to be used or to be used)  III. Treatment System or the used or to be used o	Outfall 010, Main Unit #3 Thrust Boaring No. Co.	
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shaded areas only.	EPA ID Number (	copy from Item 1 of Form 1)	Form A	pproved. OMB No. 2	040-0086.
Facilities	s Which Do	o Not Discharç			ewater
or this outfall, lis	st the latitude and	longitude, and name	of the receivi	ng water(s).	
Latitude	Longitude	Receiving Water (name)			
Min Sec D	eg Min Sec	SNAKE RIVER			
14.00 54.00 11	8.(52.0(19.0(				
new discharger, the	date you expect to b	egin discharging)			
				Mark Mark and Spirits	
ng the general type	e(s) of wastes dischar	ged.			
Restaurant or C	Cafeteria Wastes	☑ Noncontact Coo	oling Water	Other Nonp	rocess
es are used, list the	em here. Briefly desc	ribe their composition if this	information is a		(паептну)
			momadon ic a	rallabie.	
VOTION .			<u> </u>		
rovide estimates for	the parameters lists	d:- H - 1 6 1			
number of measure	omente taken, provid	e the source of estimated va	alues (see instru	ctions).	ng
	laximum				(or) (4)
(inc	lude units)			Measurements	Source of Estimate
Mass	Concentration	Mass	Concentration	(last year)	(if new discharger)
-					
Value					
195	0 GPM	2.808 MGI		0.00	
Value 195	0 GPM	2.808 MGI	)	0.00	
195	0 GPM		°C	0.00	
195				0.00	
	Facilities  or this outfall, list  Latitude  Min Sec D  14.0( 54.0( 11)  new discharger, the	Facilities Which Do  or this outfall, list the latitude and  Latitude Longitude  Min Sec Deg Min Sec  14.00 54.00 118.0 52.00 19.00  new discharger, the date you expect to be 12/01/1961  Restaurant or Cafeteria Wastes  res are used, list them here. Briefly desc  stress are used, list them here parameters lister  number of measurements taken, provide  (1)  Maximum  Daily Value  (include units)  Mass Concentration	Facilities Which Do Not Discharger this outfall, list the latitude and longitude, and name latitude Longitude Receiving Water (name)  Min Sec Deg Min Sec SNAKE RIVER  14.0( 54.0( 118.( 52.0( 19.0( 1	Facilities Which Do Not Discharge Proces  This outfall, list the latitude and longitude, and name of the receiving the control of the receiving water (name) and the receiving water (name	Facilities Which Do Not Discharge Process Waste or this outfall, list the latitude and longitude, and name of the receiving water(s).  Latitude

Outfail oil Main Unit ## Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.    Average Flow is approximately 1,950gpm when the unit is operating for a maximum daily flow of 2,808,000 gallons per day.   This outfail was not sampled due to Main Unit ## not in operation    Author	V. Except for leaks or spills, will the discharge described in this form be intermitten	t or seasonal?	
- Average Flow is approximately 1,950gpm when the unit is operating for a maximum daily flow of 2,888,000 gallons per day.  - This outfall was not sampled due to Main Unit #4 not in operation  - This outfall was not sampled due to Main Unit #4 not in operation  - This outfall was not sampled due to Main Unit #4 not in operation  - TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  - TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system(s) used or to be used)  - Treatment system (Describe briefly any treatment system (System and System) used or to be used)  - Treatment system (Describe briefly any treatment system (System) used or to be used)  - Treatment system (Describe briefly any treatment system (System) used or to be used)  - Treatment system (Describe briefly any treatment system) of the antiset or treatment system (System) used (System) used (Syste	If yes, briefly describe the frequency of flow and duration.		☑ Yes ☐ No
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B. Phone No. (area code & no.)  (509) 527-7700  D. Date Signed	certify under penalty of law that this document and all attachments were prepared under system designed to assure that qualified personnel properly gather and evaluate the informative persons who manage the system, or those persons directly responsible for gathering the interpretable of the property of the persons of the property of the persons of t	uon submitted. Bas	sed on my inquiry of the person
B. Phone No. (area code no.)  (509) 527-7700  D. Date Signed		- Corollor	many raise unormation, includi
D. Date Signed			
D. Date Signed	Timothy R. Vail District Commander		,
	Signature		
Form 3510-2F (8-99)	7/1/		a succession
	Form 3510-2E (8-98)	_	

Please print or type in the	he unshaded	areas only.	EPA ID Number (	copy from Item 1 of Form 1)	Form Approve	pproved. OMB No. 20 al expires 5-31-92.	140-0086.
PORM 2E SEF	A F	acilities	Which Do	Not Discha			water
I. RECEIVING WATER							
	For this	outfall, list	the latitude and	l longitude, and nam	ne of the receiving	ng water(s).	
Outfall Number (list)	Latitud	1 -	Longitude	Receiving Water (name)			
D	eg Min	Sec De	g Min Sec	SNAKE RIVER			
			.( 52.0( 49.0(				
II. DISCHARGE DATE	(If a new di	scharger, the o	late you expect to b	egin discharging)			
III.TYPE OF WASTE							
A. Check the box(es) in	dicating the	general type(	s) of wastes discha	rged.			
☐ Sanitary Wastes	□ Re	estaurant or Ca	afeteria Wastes	✓ Noncontact	Cooling Water	Other Nonpo	
B. If any cooling water a	idditives are	used, list ther	n here. Briefly desc	cribe their composition if t	his information is av		
,							
V. EFFLUENT CHARAC	CTERISTIC	s					
A. Existing Sources	- Provide	measurement	s for the parameter	s listed in the left-hand co	olumn below, unless	s waived by the per	mitting
B. New Dischargers	— Provide	estimates for	the parameters liste	ed in the left-hand column	holow unless	- d	
authority. Instead	of the numb	per of measure	ments taken, provid	le the source of estimater	d values (see instru	red by the permitting ctions).	ng
		Ma	(1) eximum	(2) Average		(3)	(or) (4)
Pollutant or Parameter		Dai	ly Value ude units)	Value (la:	st year)	Number of Measurements	Source of Estima
		Mass	Concentration	Mass	Concentration	Taken (last year)	(if new discharge
Siochemical Oxygen Demand (BOD)						last your	
otal Suspended Solids (TSS	5)	/					
ecal Coliform (if believed pre							
otal Residual Chlorine (if hlorine is used)	,,,						
il and Grease					, , , , , , , , , , , , , , , , , , ,	-	
Chemical oxygen demand (C	OD)						
	All all all and a second		1	1	-		
otal organic carbon (TOC)							
otal organic carbon (TOC)							
	Value	1950	) GPM	2.808	MGD	0.00	
mmonia (as N)	Value Value	1950	) GPM	2.808	MGD	0.00	
mmonia (as N) scharge Flow		1950	) GPM		MGD °C	0.00	
mmonia (as N) scharge Flow I (give range)		1950				0.00	

V. Except for leaks or spills, will the discharge described in this form be interm	ittent or seasonal?		
If yes, briefly describe the frequency of flow and duration.		☑ Yes ☐ No	
Outfall 012 Main Unit #5 Non-Contact Cooling Water: This cooling water is secured while the main unit is shut down	discharge is in 1.	termittent beca	ause the
- Average Flow is approximately 1,950gpm when the unit is $2,808,000$ gallons per day.	operating for	a maximum daily	flow o
- This outfall was not sampled due to Main Unit #5 not in	operation		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be us	eed)		To the last of the
N/A			
II. OTHER INFORMATION (Ontional)		7 / :	
II. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the atte	antion of the reviews		
II. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the atteshould be considered in establishing permit limitations. Attach additional sheets, if necessity	ention of the reviewer ar	ny other information yo	u feel
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FORM	unshaded areas only.		copy from Item 1 of Form		m Approved. OMB No. proval expires 5-31-92.	2040-0086.
2E SEPA	A Facilitie	s Which Do	Not Disch			ewater
I. RECEIVING WATERS						
	For this outfall, lis	st the latitude and	longitude, and na	me of the rece	iving water(s)	
Outfall Number (list)	Latitude		Receiving Water (nan		iving water(s).	
Deg	Min Sec D	Deg Min Sec	SNAKE RIVER			
013 46.0	0( 14.0( 55.0( 11	18.(52.0(49.0(				
II. DISCHARGE DATE (If a	a new discharger, the	date you expect to be	egin discharging)			
III.TYPE OF WASTE	12/01/196	1	gg,,			
A. Check the box(es) indicate	ating the general type	e(s) of wastes dischar	and			
☐ Sanitary Wastes			Jeu.			
	Restaurant or C	Cafeteria Wastes	✓ Noncontac	t Cooling Water	Other Nong Wastewate	process r (Identify)
B. If any cooling water addi N/A	aves are used, list the	em here. Briefly descri	be their composition i	this information is	available.	
V FFFI UFUE	1					
V. EFFLUENT CHARACTE	RISTICS					
A. Existing Sources — authority (see instructi	Provide measuremen	its for the parameters	listed in the left-hand	column below, unle	ss waived by the no	emittle -
D. New Dischargers —	Provide estimates to					rmitting
authority. Instead of th	e number of measure	ements taken, provide	the source of estimate	n below, unless wa	aived by the permittir	ng
		(1)	(		ucuons).	
Pollutant or Parameter	Dai	aximum ily Value	Averag			
	(incli			est veerl		(or) (4)
		lude units)	(include	ist year)	Number of Measurements	Source of Estima
ochemical Oxygen mand (BOD)	Mass	Concentration	(include	ist year)	Number of	Source of Estima (if new discharge
emand (BOD)			(include	ast year) o units)	Number of Measurements Taken	Source of Estima
tal Suspended Solids (TSS)	Mass		(include	ast year) o units)	Number of Measurements Taken	Source of Estima
emand (BOD)  Ital Suspended Solids (TSS)  cal Coliform (if believed present if sanitary waste is discharged)  Ital Residual Chlorine (if	Mass		(include	ast year) o units)	Number of Measurements Taken	Source of Estima
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If yes, briefly describe the frequency of flow and duration.	☑ Yes ☐ No
Outfall 013 Main Unit #6 Non-Contact Cooling Water: This discharge is int cooling water is secured while the main unit is shut down.	ermittent because the
- Average Flow is approximately 1,950gpm when the unit is operating for a 2,808,000 gallons per day.	maximum daily flow of
- This outfall was not sampled due to Main Unit #6 not in operation	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  N/A	
N/A	
	•
VII. OTHER INFORMATION (Optional)	
VII. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer an should be considered in establishing permit limitations. Attach additional sheets, if necessary.	y other information you feel
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Pollutant or Parameter	(1) Maximum Dally Value (include units)		(2) Average Daily Value (last year) (include units)		(3) (3) Number of Measurements		(or) (4) Source of Estimate	
	Mass	Concentration	Mass	Concentration	Taken (last year	-)	(if new	discharger)
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00			
Total Suspended Solids (TSS)	378.31bs/day	3.0 mg/L	101.3lbs/day	3.0 mg/L	1.00			
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00	1		
Total Residual Chlorine (if chlorine is used)	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00			
Oil and Grease	517.01bs/day	4.1 mg/L	138.5lbs/day	4.1 mg/L	1.00			
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	十		
*Total organic carbon (TOC)	214.4lbs/day	1.7 mg/L	57.4 lbs/day	1.7 mg/L	1.00		-	
Ammonia (as N)	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	$\top$		
Discharge Flow	Value 10500 GPM		4.05 MGD		0.00	$\top$		
pH (give range)	Value 7.00-8.00		·		1.00	$\top$		
Temperature (Winter)		°C	°C		0.00	$\top$		
Temperature (Summer)	17.90 <sub>°C</sub>				1.00			
*If noncontact cooling water is discha	arged							

V. Except for leaks or spills, will the discharge described in this form be intermi	ttent or seasona	1?		
if yes, briefly describe the frequency of flow and duration.		□ ✓ Y		
Outfall 014 Combined Drainage and Unwatering Sump Pumps Dithe discharge from three Drainage Sump Pumps and/or two Unsump Pumps take a suction from the Powerhouse Drainage Sumbay under drains, erection bay under drains, erection bay grout gallery header, and the Main Unit headcover pumps. It suction from the Powerhouse Unwatering Sump, which received valves, fishway supply conduit drains and the fish transport of the powerhouse Unwatering Sump. This discrepance is the 270' above sea level point. This discrepance is a float and only operate to maintain level in the maintain sumplements.	mp, which re drainage he The two Unwa es input fro cration chan scharge is i	amp Pumps eceives ader, po tering s m: unit nel drai ntermitt trolled	s. The thinput from owerhouse Sump Pumps draft tubens. These tent because band.	ree Drai : Servic drainage take a e drain
- Average Flow is approximately 3,489,832 gallons per day gallons per day for the unwatering sump number for	for the dra	inage nu	mng and t	
gallons per day for the unwatering sump pumps for a combin day.	ed average	flow of	4,047,508	gallons
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be use	(d)		No.	and the second
N/A				
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FORM 2E

**NPDES** 

# Facilities Which Do Not Discharge Process Wastewater

#### I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s)

Outfall Number (list)		Latitude	9		Longitud	e	Receiving Water (name)	
(7	Deg	Min	Sec	Deg	Min	Sec	SNAKE RIVER	
015	46.00	14.00	48.00	118.0	52.00	47.00		

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging) 12/01/1961

#### III. TYPE OF WASTE

- A. Check the box(es) indicating the general type(s) of wastes discharged.
  - ☐ Restaurant or Cafeteria Wastes
- Noncontact Cooling Water
- Other Nonprocess Wastewater (Identify)
- B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. N/A

## IV. EFFLUENT CHARACTERISTICS

- A. Existing Sources Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting
- B. New Dischargers Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	Mar Daily	(1) dimum / Value de units)	Avera Value	(2) ge Daily flast year)	(3) Number of	(or)	(4)
	Mass	Concentration	Mass	Concentration	Measurements Taken		ce of Estimate w discharger)
Biochemical Oxygen Demand (BOD)	86.3 lbs/day	6.3 mg/L	86.3 lbs/day		(last year)		
Total Suspended Solids (TSS)	205.4lbs/day	15.0 mg/L	205.4lbs/day	15.0 mg/L	1.00		
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA NA	0.00	+	
Total Residual Chlorine (if chlorine is used)	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	-	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00		
*Chemical oxygen demand (COD)	260.1lbs/day	19.0 mg/L	260.1lbs/day	19.0 mg/L	1.00		
*Total organic carbon (TOC)	58.9 lbs/day	4.3 mg/L	58.9 lbs/day	4.3 mg/L	1.00		
Ammonia (as N)	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	-	
Discharge Flow	Value 1140	GPM	1.6416		0.00	-	
pH (give range)	Value 7.00-	8.00				+	
Temperature (Winter)					1.00	-	
Temperature (Summer)		°C		°C	0.00		
*If noncontact cooling water is discha		°C		°C	1.00		

If noncontact cooling water is discharged

If yes, briefly describe the frequency of flow and duration.	☐ Yes	☑ No
This is a continuous flow through the HVAC system.		
ng propagating palaka a sa mingan ay dagar ang bada di hiji batan kan bang daga maka		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		sold a real or secondary
N/A		
/II. OTHER INFORMATION (Optional)		
Use the space below to expand upon any of the above questions or to bring to the attention of the crystowa	er any other inf	ormation vou feel
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pH (give range)

Temperature (Winter)

Temperature (Summer)

EPA Form 3510-2E (8-90)

Value

7.50-8.50

°C

21.30<sub>°C</sub>

1.00

0.00

1.00

°C

°C

The cooling water continuously flows through the	heat evahanger	for trees	-5-
the state of the s	e neat exchanger	ior tran	sformer cooler 1-1.
I. TREATMENT SYSTEM (Describe briefly any treatment system(s) us	sed or to be used)		
I/A			
		2	
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Page 2 of 2

\*If noncontact cooling water is discharged

°C

The cooling water continuously flows through the heat exchan	ger for transformer cooler 1 2
, and a second continuous continuous	iger for cransformer cooler 1-2.
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II. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
I/A	
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Please print or type in	the unsh	aded areas only.			<i>51</i> (00 <i>p</i> )	monritem r or r omr r		al expires 5-31-92.	40-0086.
FORM 2E SE	PA	Facilitie	es V	Vhich [	1 oC	Not Disch	arge Proce	ss Waste	water
I. RECEIVING WATE	RS								
	For	this outfall,	list the	latitude a	and lo	ngitude, and na	me of the receiving	ng water(s).	
Outfall Number (list)	Lá	atitude	Lo	ongitude	Re	ceiving Water <i>(nam</i>	ne)		
	Deg	Min Sec	Deg	Min Se	c SN	NAKE RIVER		*	
018 4	6.001	4.0(52.0(	118.	52.0(48.	0(				
II. DISCHARGE DATE	(If a ne	ew discharger, t		you expect	to begii	n discharging)			
III. TYPE OF WASTE									
A. Check the box(es) i	ndicatin	g the general ty	ype(s) of	f wastes disc	charged	d.			
☐ Sanitary Wastes  B. If any cooling water  N/A	additive	- Trootadiant c			lescribe		ct Cooling Water if this information is a	Other Nonp Wastewater vailable.	
B. New Discharger	es — Prostruction	ovide measurer ns). ovide estimates	s for the	parameters	listed in	n the left-hand colu	d column below, unles	ived by the parmitti	
aumonty, instead	of the	number of mea	(1)	nts taken, pr	ovide ti	he source of estima	ated values (see instru	ictions).	
Pollutant or Parameter			Maximu Daily Va (include to	ium alue		Avera Value	(2) age Daily (last year) ide units)	(3) Number of Measurements	(or) (4) Source of Estimate
		Mass		Concentrat	tion	Mass	Concentration	Taken (last year)	(if new discharger
Biochemical Oxygen Demand (BOD)								(100.)	
otal Suspended Solids (TS	SS)								
ecal Coliform (if believed per if sanitary waste is discharge)					-				
otal Residual Chlorine (if hlorine is used)	argou				$\neg$				
il and Grease			$\top$						
Chemical oxygen demand	(COD)								
Total organic carbon (TOC	)			-					
mmonia (as N)									
ischarge Flow		Value	200 GI	PM		0.28	8 MGD	0.00	
H (give range)		Value				2			-
emperature (Winter)					°C		°C		
emperature (Summer)					°C		°C		
noncontact cooling water	is discha	rged							

<ol><li>Except for leaks or spills, will the discharge described in this form be intermitted</li></ol>	nt or seasonal?
If yes, briefly describe the frequency of flow and duration.	Yes V No
The cooling water continuously flows through the heat exchan	nger for transformer cooler 2-1
The transformer was down and not sampled.	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
N/A	
RI OTHER INFORMATION (C. II. II.	
/II. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention should be considered in establishing permit limitations. Attach additional place to the attention of the considered in establishing permit limitations.	
should be considered in establishing permit limitations. Attach additional sheets, if necessi	ary.
I/A	
I. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared und system designed to assure that qualified personnel properly gather and evaluate the information.	der my direction or expensions to any t
system designed to assure that qualified personnel properly gather and evaluate the information persons who manage the system, or those persons directly responsible for gathering the important my knowledge and belief, true, accurate, and complete. I am aware that there are significant the possibility of fine and imprisonment for knowing violations.	iation submitted. Based on my inquiry of the person or
, your and an process for the wing violations.	the penalues for submitting false information, including
Name & Official Title	B. Phone No. (area cod
C Timothy R. Vail District Commander	& no.) (509) 527-7700
Signature	
	D. Date Signed
MNV	
Form 3510-2E/(8-90)	Page 2

	the unshaded	areas only.		LFAIDI	iumber (d	copy from Item 1 of Form		Approved, OMB No. 2	040-0086.
FORM 2E SE	PA F	aciliti	es V	Vhic	h Do	Not Disch		ess Waste	ewater
I. RECEIVING WATE	RS								0530037700000
	For this	outfall,	list th	e latitud	de and	I longitude, and na	me of the receiv	ving water(s)	
Outfall Number (list)	Latitud			ongitude		Receiving Water (nam			
E INGLIDER (IISL)	Deg Min	Sec	Deg	Min	Sec	SNAKE RIVER			
019 46	5.0(14.0	52.00	118.(	52.00	48.00				
II. DISCHARGE DATE	(If a new dis		he date	you exp	ect to b	egin discharging)			
III.TYPE OF WASTE									
A. Check the box(es) in	ndicating the	general ty	/pe(s) c	of wastes	dischar	ged.			
B. If any cooling water and A	5							avallable.	
A. Existing Sources authority (see insi     B. New Dischargers	— Provide	estimates	for the	paramet nts taken	are lieta	d in the left-hand colune the source of estimat	nn below, unless wa ed values (see instr		
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	changer for	trans	former	cooler 2-2.	
he transformer was down and not sampled.					
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be us	sed)			Bus of markey)	
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NPDES	Facilities	Which Do	Not Disch			ewater
I. RECEIVING WATERS						
F	or this outfall, list	the latitude and	longitude, and na	me of the receivi	ing water(s).	
Outfall Number (list)	Latitude		Receiving Water (nam			
Deg	Min Sec De	g Min Sec	SNAKE RIVER			
020 46.00	14.0(52.0(118	3.(52.0(49.0(				
II. DISCHARGE DATE (If a	new discharger, the	date you expect to be	egin discharging)			
III.TYPE OF WASTE	12/01/1961					
A. Check the box(es) indica	ting the general type(	s) of wastes dischar	ned			
☐ Sanitary Wastes	☐ Restaurant or Ca	afeteria Wastes	☑ Noncontac	et Cooling Water	Other Nonp Wastewater	rocess
B. If any cooling water additi	ives are used, list the	m here. Briefly descri	ibe their composition i	f this information is a	vailable	, , , ,
V. EFFLUENT CHARACTER	RISTICS					
A. Existing Sources — Fauthority (see instruction     B. New Dischargers — Fauthority. Instead of the	Provide estimates for	the parameters lister	I in the left hand colum	on bala		
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V. Except for leaks or spills, will the discharge described in this form be intermittent if yes, briefly describe the frequency of flow and duration.	or seasonal?
	☐ Yes ☑ No
The cooling water continuously flows through the heat exchang	er for transformer cooler 3-1.
The transformer was down and not sampled.	
TREATMENT SYSTEM (Passiba baid)	
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  A	
A	
OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of	of the reviewer any other information was full
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PORM 2E NPDES	Facilitie	es Which Do	Not Discha			water	
I. RECEIVING WATERS							
F	or this outfall, I	ist the latitude and	longitude, and nai	me of the receiv	ing water(s).		
Outfall Number (list)	Latitude		Receiving Water (name				
Deg	Min Sec	Deg Min Sec	SNAKE RIVER				
021 46.0	14.00 52.00 1	.18.(52.0(49.0(		-			
II. DISCHARGE DATE (If a	new discharger, th	ne date you expect to be	egin discharging)				
III.TYPE OF WASTE							
A. Check the box(es) indica	ating the general ty	pe(s) of wastes dischar	ged.			to investigate to the sea A. And the	
☐ Sanitary Wastes		Cafeteria Wastes	✓ Noncontac		Other Nonp Wastewater	rocess (Identify)	
B. If any cooling water addi N/A	tives are used, list t	hem here. Briefly descr	ibe their composition if	this information is a	available.		
,	•						
V. EFFLUENT CHARACTE  A. Existing Sources — authority (see instruct	~~~~~						
authority (see instruct  B. New Dischargers — authority. Instead of th	Provide estimates for the parameters listed e number of measurements taken, provide		in the left-hand column below, unless wai the source of estimated values (see instru-		tived by the permitting uctions).  (3) (or) (4)		
Parameter	Daily Value (include units)		Value (last year) (include units)		Number of Measurements	Source of Estima	
inchamical Ourses	Mass	Concentration	Mass	Concentration	Taken (last year)	(if new discharge)	
iochemical Oxygen lemand (BOD)							
otal Suspended Solids (TSS)							
ecal Coliform (if believed present if sanitary waste is discharged)							
otal Residual Chlorine (if nlorine is used)							
il and Grease							
Chemical oxygen demand (COD)							
otal organic carbon (TOC)				,			
nmonia (as N)							
scharge Flow	Value 2	00 GPM	0.288	MGD	0.00	,	
(give range)	Value					-	
mperature (Winter)		°C		00			
mperature (Summer)		°C		°C			
noncontact cooling water is disch	narged			°C			

If yes, briefly describe the frequency of flow and duration.			Yes 🔽 N	
The cooling water continuously flows through the heat exchange	inger for t	transfo	ormer cool	er 3-2.
The transformer was down and not sampled.				
TOTATUDAT OVERTICAL				
TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used	)			
'A				
OTHER INFORMATION (Optional)  Ise the snare below to expand upon any of the share went.				
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### **Ice Harbor Project**

Background water samples were taken each of the sampling days. The following results are the high values over the two days:

TEMP	рН	BOD	TSS	COD	TOC	AMMONIA	OIL/GREASE	PCB
°C		mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L
22.1	8.36	<2.0	3.9	12.5	1.9	0.03	ND ND	ND

In addition to the outfalls specifically identified in this permit application Ice Harbor Project is addressing the following oil to water interfaces:

- Kaplan Runners. Kaplan runners are part of the turbine that extends into the water in the draft tube. The runner contains turbine oil and can release oil similar to a controlled pitch propeller in vessels. The Project has 6 Kaplan Runners.
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of
  water from the scroll case to the turbine runner and other in-water equipment. During the
  lubrication process grease is pushed through equipment and can be released directly to the
  river. The system automatically greases the bushings when the unit is operating per
  manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.